
County: Brown
COTTONWOOD CENTER
1311 NORTH DANZ AVENUE GREEN BAY 54302 Phone: (920) 468-4801
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 53
Total Licensed Bed Capacity (12/31/00): 53
Number of Residents on 12/31/00: 51 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Nonprofit Church-Related FDD's No No Average Daily Census: 46

Services Provided to Non-Residents	1	Age, Sex, and Primary Diagn	osis of	Residents (12/31	/00)	Length of Stay (12/31/00)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year	13. 7 15. 7
Supp. Home Care-Household Services Day Services	No No	Developmental Disabilities Mental Illness (Org./Psy)	100. 0 0. 0	Under 65 65 - 74	84. 3 9. 8	More Than 4 Years	70. 6
Respite Care Adult Day Care	Yes Yes	Mental Illness (Other) Alcohol & Other Drug Abuse	0. 0 0. 0	75 - 84 85 - 94	5. 9 0. 0	****************	100.0
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	0.0	Full-Time Equivaler	ıt .
Congregate Meals Home Delivered Meals	No No	Cancer Fractures	0. 0 0. 0		100. 0	Nursing Staff per 100 Re (12/31/00)	esi dents
Other Meals Transportation	No No	Cardi ovascul ar Cerebrovascul ar	0. 0 0. 0	65 & 0ver	15. 7	RNs	5. 9
Referral Service Other Services	No No	Di abetes Respi ratory	0. 0 0. 0	Sex	%	LPNs Nursing Assistants	2. 0
Provide Day Programming for Mentally Ill	No	Other Medical Conditions	0.0	Male Female	62. 7 37. 3	Aides & Orderlies	30. 4
Provi de Day Programming for Developmentally Disabled	Yes		100. 0		100. 0		
**************************************	165	**********	*****	 ********	******	 ************	*****

Method of Reimbursement

		Medica (Title			Medic Title			0th	er	Pri	vate	Pay	N		d Care		Percent
			Per Dien	n		Per Die	m		Per Dien	n]	Per Diem	1	Ĭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	ŏ	0. 0	\$0.00	ŏ	0. 0	\$0.00	ŏ	0. 0	\$0.00	ŏ	0. 0	\$0.00	ŏ	0. 0	\$0.00	ŏ	0. 0%
Intermediate				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				51 1	00.0	\$97.44	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	51	100.0%
Traumatic Brain Inj	. 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	t 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0. 0		51 1	00.0		0	0.0		0	0.0		0	0.0		51	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period Total % Needing Activities of Assi stance of Percent Admissions from: % Totally Number of Private Home/No Home Health 30.0 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents 58. 8 52. 9 Private Home/With Home Health 0.0 Baťhi ng 13. 7 27. 5 51 Other Nursing Homes 10.0 Dressing 27.5 19. 6 51 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferri ng 66.7 21.6 30.0 11.8 51 10.0 Toilet Use 62.7 21.6 15. 7 51 0.0 Eating **78. 4** 13.7 51 7.8 Other Locations 20.0 Total Number of Admissions 10 Continence Special Treatments Percent Discharges To: Indwelling Or External Catheter 2.0 Receiving Respiratory Care 0.0 Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Private Home/No Home Health 0.0 Occ/Freq. Incontinent of Bladder 39. 2 0.0 Private Home/With Home Health 16. 7 Occ/Freq. Incontinent of Bowel 21.6 0.0 Other Nursing Homes 16. 7 3.9 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 33. 3 Mobility 0.0 Physically Restrained 16. 7 0.0 29.4 0.0 Other Locations 16.7 Skin Care Other Resident Characteristics 0.0 Deaths 0.0 With Pressure Sores Have Advance Directives 0.0 Total Number of Discharges With Rashes Medi cati ons 0.0 Receiving Psychoactive Drugs (Including Deaths) 33. 3

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

*************	******	******	*****	*****	*****	****
	Thi s	F.	DD	A		
	Facility	Facilities		Faci		
	<u>~</u>	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	86. 8	85. 5	1. 02	84. 5	1.03	
Current Residents from In-County	86. 3	42. 1	2. 05	77. 5	1. 11	
Admissions from In-County, Still Residing	50. 0	19. 5	2. 57	21. 5	2. 33	
Admissions/Average Daily Census	21. 7	16. 4	1. 33	124. 3	0. 17	
Discharges/Average Daily Census	13. 0	19. 2	0. 68	126. 1	0. 10	
Discharges To Private Residence/Average Daily Census	2. 2	9. 2	0. 24	49. 9	0.04	
Residents Receiving Skilled Care	0. 0	0. 0	0.00	83. 3	0.00	
Residents Aged 65 and Older	15. 7	16. 2	0. 97	87. 7	0. 18	
Title 19 (Medicaid) Funded Residents	100. 0	99. 5	1. 01	69. 0	1. 45	
Private Pay Funded Residents	0. 0	0. 5	0.00	22. 6	0.00	
Developmentally Disabled Residents	100. 0	99. 3	1. 01	7. 6	13. 09	
Mentally Ill Residents	0. 0	0. 5	0. 00	33. 3	0.00	
General Medical Service Residents	0. 0	0. 2	0. 00	18. 4	0.00	
Impaired ADL (Mean)*	34. 1	50. 8	0. 67	49. 4	0. 69	
Psychological Problems	33. 3	45. 9	0. 73	50. 1	0. 67	
Nursing Care Required (Mean)*	4. 2	11. 0	0. 38	7. 2	0. 58	
		11.0				